

WQED PITTSBURGH

25-1010296

FORM 990, PART VII - OTHER REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
PARKING			3	19,570.	
TOWER RENTAL			16	177,344.	
ROYALTIES			15	1,070,984.	
RTN PRODUCTION REV	4830	36,140.			
SUBCARRIER LEASE	4830	30,000.			
CH 16 SALES AGRMNT			1	1,000,000.	
OTHER INCOME			1	356,000.	
		-----		-----	-----
TOTALS		66,140.		2,623,898.	
		=====		=====	=====

SCHEDULE A, PART III - EXPLANATION FOR LINE 4
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WQED PITTSBURGH IS NOT A GRANT-MAKING ORGANIZATION, AND ACCORDINGLY MAKES DISBURSEMENTS DIRECTLY IN PURSUIT OF ITS EXEMPT FUNCTION. HOWEVER, WQED PITTSBURGH DOES MAINTAIN A SCHOLARSHIP/ FELLOWSHIP PROGRAM TO ENHANCE THE EDUCATIONAL EXPERIENCE OF STUDENTS MAJORING IN JOURNALISM, TELECOMMUNICATIONS, AND SIMILAR AREAS OF INTEREST AS DESCRIBED IN THE ATTACHED STATEMENT.

ANATHAN FOUNDATION FELLOWSHIP

HISTORY:

In 1968, the Anathan Foundation donated \$50,000 to WQED, the interest on which is to be used to support the graduate education of communications students enrolled in local universities. The main purpose of the grant is to encourage qualified holders of bachelors degrees to continue their studies in advanced degree fields related to program creation and production in educational broadcasting.

HOW THE FELLOWSHIP PROGRAM WORKS:

Screened and selected advance degree students at a Pittsburgh university or college, working or intending to work in the fields of the performing arts, creative journalism, broadcasting studies, communications--including communications marketing and communications law--receive from WQED a grant to cover tuition or in some cases tuition and a stipend for living.

As part of their pre-arranged and formal studies, these fellowship recipients engage in "laboratory type" activity at any of the four divisions of Metropolitan Pittsburgh Public Broadcasting--WQED-TV, WQED-FM, WQEX/Channel 16, and Pittsburgh Magazine with emphasis on the area of their particular study/interest. An agreed upon number of hours are spent at WQED each week under appropriate supervision, gaining the experience necessary to the full understanding and proficiency expected of the professionally trained person.

SELECTION:

Recipients of the fellowships are selected from those who meet the requirements set by the participating colleges and universities and by WQED, and who are recommended by an appropriate faculty member or department of the participating institutions.

REPETITION OF THE FELLOWSHIP:

Repetition of the grant is conditional on satisfactory work both at the college and at WQED and would not normally be made.

TO APPLY:

Any MPPB department head may identify a candidate and is responsible for:

1. Gathering all the appropriate background material on that person, including a resume.
2. Making contact with the appropriate faculty person or committee at that person's university to get the necessary written recommendations and approvals utilizing the assistance of the Human Resources Department if necessary.
3. Writing a cover letter that outlines the person's qualifications, the particular graduate program your candidate is pursuing, the faculty sponsorship and what you envision the person doing in your department.
4. Submitting this packet of information to David Baker, Director, Human Resources. Applications will then be reviewed by the appropriate Senior or Executive Vice President. Human Resources will provide applications and recommendations for award recipients to the President for final decision.

SCHEDULE A, PART IV-A - OTHER INCOME
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DESCRIPTION -----	1998 ----	1997 ----	1996 ----	1995 ----	TOTAL -----
MISCELLANEOUS	821,503.	453,029.	172,896.	105,965.	1,553,393.
TOTALS	821,503.	453,029.	172,896.	105,965.	1,553,393.
	=====	=====	=====	=====	=====

Wqed Pittsburgh
Property, Plant & Equipment
June 30, 2000

<u>DESCRIPTION</u>	<u>COST</u>	07/01/99 <u>ACCUM DEPREC</u>	DEPRECIATION <u>EXPENSE</u>	6/30/200 <u>ACCUM DEPREC</u>
Land	300	0	0	0
Transmitter Building	558,006	545,990	1,484	547,474
Transmitter Tower	1,737,122	1,089,173	44,964	1,134,137
Storage Building & Improvement	6,369,229	2,792,946	166,696	2,959,642
Studio & Technical Equipment	2,077,040	1,288,678	124,432	1,413,110
Design Equipment	61,782	43,810	7,037	50,847
FM Radio Equipment	455,543	184,771	52,533	237,304
Office Equipment	1,436,153	1,386,972	29,250	1,416,222
Computer Equipment	1,098,230	476,630	168,663	645,293
Construction in Process	<u>189,992</u>	0	0	0
	<u>13,983,397</u>	<u>7,808,970</u>	<u>595,059</u>	<u>8,404,029</u>

STATEMENT 14

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

▶ File a separate application for each return.



- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☐
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.

Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization WQED PITTSBURGH	Employer identification number 25-1010296
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 4802 FIFTH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH PA 15213	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 20____ or
- ▶ ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

Title ▶

Date ▶

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

Form 8868 (12-2000)

Page 2

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization WOED PITTSBURGH	Employer identification number 25-1010296
	Number, street, and room or suite no. If a P.O. box, see instructions 4802 FIFTH AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH PA 15213	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
- ☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2001.
- 5 For calendar year _____, or other tax year beginning JULY 1, 1999 and ending JUNE 30, 2000.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ N/A
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ N/A
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Robert F. Petrilli Title V.P. and COO Date 2-14-01

Notice to Applicant — To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other _____

Director

By: _____

Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name KPMG LLP ATTN: THOMAS D. BONE
	Number and street (include suite, room, or apt. no.) Or a P.O. box number ONE MELLON CENTER, 25TH FLOOR
	City or town, province or state, and country (including postal or ZIP code) PITTSBURGH, PA 15219

Form 2750

(Rev. June 1995)

Application for Extension of Time to File
Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

Please type or
print. File the
original and
one copy by
the due date
for filing your
return. See
instructions on
back.

Name

WQED PITTSBURGH

Employer Identification Number

25-1010296

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

4802 FIFTH AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

PITTSBURGH, PA 15213

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trust must use Form 8738 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until FEBRUARY 15, 2001

to file (check only one):

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4651 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box ☐

2a For calendar year or other tax year beginning JULY 1, 1999 and ending JUNE 30, 2000

b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period3 Has an extension of time to file been previously granted for this tax year? ☐ Yes ☒ No

4 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions \$ N/A

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ N/A

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD

coupon if required. See instructions \$ NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature President & CEO

Title

Date 11/13/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by the IRS

- ☐ We HAVE approved your application. Please attach this form to your return.
- ☐ We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- ☐ We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other:

Director

By

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please
Type
or
Print

Name

KPMG LLP ATTN: THOMAS D. BONE

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

ONE MELLON BANK CENTER, 25TH FLOOR

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

PITTSBURGH, PA 15219

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

1999This Form is
Open to Public
Inspection

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 1999 calendar year, OR tax year period beginning **July 1**, 1999, and ending **June 30**, 2000

- B Check if:
-
- ☐
- Change of address
-
- ☐
- Initial return
-
- ☐
- Final return
-
- ☐
- Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific instructions.

C Name of organization

Community Television Foundation of South Florida, Inc.Number and street (or P.O. box if mail is not delivered to street address) Room/suite
14901 NE 20th AvenueCity or town, state or country, and ZIP+4
Miami, Florida 33181

D Employer identification number

59 : 0737868

E Telephone number

(305) 949-8321F Check ☐ If exemption application is pendingG Type of organization—☒ Exempt under section 501(c) **3** (insert number) OR ☐ section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No(b) If "Yes," enter the number of affiliates for which this return is filed: **1**(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI If either box in H is checked "Yes," enter four-digit group exemption number (GEN) **1**J Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) **1**K Check here ☐ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.)

1	Contributions, gifts, grants, and similar amounts received:		
a	Direct public support	Stmt 1	1a 5,686,022
b	Indirect public support		1b
c	Government contributions (grants)	Stmt 1	1c 2,706,372
d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ _____ noncash \$ _____)	Stmt 2	1d 8,392,394
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2 15,142,166
3	Membership dues and assessments		3
4	Interest on savings and temporary cash investments		4 41,076
5	Dividends and interest from securities		5
6a	Gross rents	Stmt 1	6a 225,221
b	Less: rental expenses		6b
c	Net rental income or (loss) (subtract line 6b from line 6a)		6c 225,221
7	Other investment income (describe 1)		7
Ba	Gross amount from sales of assets other than inventory	(A) Securities	8a 886
b	Less: cost or other basis and sales expenses		8b 1475
c	Gain or (loss) (attach schedule)		8c -589
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	Stmt 1	8d -589
9	Special events and activities (attach schedule)		
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)		9a
b	Less: direct expenses other than fundraising expenses		9b
c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c
10a	Gross sales of inventory, less returns and allowances		10a
b	Less: cost of goods sold		10b
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c
11	Other revenue (from Part VII, line 103)	Stmt 1	11 3,180,662
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12 26,980,930
13	Program services (from line 44, column (B))		13 18,198,478
14	Management and general (from line 44, column (C))		14 2,478,968
15	Fundraising (from line 44, column (D))		15 5,662,532
16	Payments to affiliates (attach schedule)		16
17	Total expenses (add lines 16 and 44, column (A))		17 26,339,978
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18 640,952
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19 10,009,721
20	Other changes in net assets or fund balances (attach explanation)	Stmt 2	20 17,912
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21 10,668,585

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Cat. No. 11282Y

Form 990 (1999)

EXTENSION ATTACHED

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
EIN # 59-0737868

Form 990 (1999)

Page 2

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 19.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	1,034,463	430,039	254,541
26	Other salaries and wages	26	8,839,140	6,616,366	1,155,840
27	Pension plan contributions	27	122,020	91,660	14,698
28	Other employee benefits	28	533,558	333,876	145,950
29	Payroll taxes	29	666,568	463,033	93,701
30	Professional fundraising fees	30			
31	Accounting fees	31	38,200		38,200
32	Legal fees	32	63,384	47,984	12,263
33	Supplies	33	179,956	111,887	5,008
34	Telephone	34	339,970	221,600	30,233
35	Postage and shipping	35	365,484	107,747	11,502
36	Occupancy	36			
37	Equipment rental and maintenance	37	500,968	299,629	12,715
38	Printing and publications	38	96,930	36,770	22,138
39	Travel	39	363,750	179,075	17,343
40	Conferences, conventions, and meetings	40	15,702		15,702
41	Interest	41	217,965		217,965
42	Depreciation, depletion, etc. (attach schedule)	42	2,038,707	1,337,825	102,869
43	Other expenses (itemize): a STATEMENT 4	43a	10,923,213	7,920,987	328,302
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	26,339,978	18,198,478	2,478,968

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No
If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 22.)

What is the organization's primary exempt purpose? Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; not optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a	THE COMPANY'S OPERATIONS CONSIST OF ONE SERVICE ACTIVITY PRODUCTION AND TRANSMISSION OF TELEVISION PROGRAMS TO APPROXIMATELY 1.3 MILLION VIEWING HOUSEHOLDS PER MONTH.	(Grants and allocations \$ _____)	18,198,478
b	SEE STATEMENT 2	(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).		18,198,478

Form 990 (1999)

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
 EIN # 59-0737868

Form 990 (1999)

Page 3

Part IV Balance Sheets (See Specific Instructions on page 22.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	497,211	45	138,936
	46 Savings and temporary cash investments	129,662	46	687,042
	47a Accounts receivable	1,679,379		
	b Less: allowance for doubtful accounts	0	1,954,430	47c 1,679,379
	48a Pledges receivable			
	b Less: allowance for doubtful accounts			48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule) Stmt 5	236,202		
	b Less: allowance for doubtful accounts	0	185,092	51c 236,202
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		136,045	53 193,761
	54 Investments—securities (attach schedule) Stmt 5		375,875	54 406,147
	55a Investments—land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)			55c
56 Investments—other (attach schedule)			56	
57a Land, buildings, and equipment: basis	39,479,116			
b Less: accumulated depreciation (attach schedule) Stmt 3	27,851,375	10,326,267	57c 11,627,741	
58 Other assets (describe ► PROGRAM BROADCAST RIGHTS)		1,626,584	58 1,447,684	
59 Total assets (add lines 45 through 58) (must equal line 74)		15,231,166	59 16,416,892	
Liabilities	60 Accounts payable and accrued expenses	2,923,596	60	3,522,012
	61 Grants payable		61	
	62 Deferred revenue Stmt 5	997,849	62	428,295
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) Stmt 5	1,300,000	64b	1,798,000
65 Other liabilities (describe ►)			65	
66 Total liabilities (add lines 60 through 65)		5,221,445	66 5,748,307	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	10,009,721	67	10,668,585
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	10,009,721	73	10,668,585	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	15,231,166	74	16,416,892	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Page 4

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . ▶	a	26,847,155
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 507,177		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)▶	b	507,177
c	Line a minus line b ▶	c	26,339,978
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990. . . \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	26,339,978

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated: see Specific Instructions on page 24.)

[illegible]

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COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
EIN # 59-0737868

Form 990 (1999)

Page 5

Part VI Other Information (See Specific Instructions on page 25.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," enter the name of the organization WPBT COMMUNICATIONS FOUNDATION, INC. and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	<input type="checkbox"/>
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	507,177
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	<input type="checkbox"/>
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	<input type="checkbox"/>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	<input type="checkbox"/>
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	<input type="checkbox"/>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	<input type="checkbox"/>
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities.	86b	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders.	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<input checked="" type="checkbox"/>
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	<input checked="" type="checkbox"/>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		NONE
90a List the states with which a copy of this return is filed FLORIDA		
b Number of employees employed in the pay period that includes March 12, 1999 (See inst.)	90b	
91 The books are in care of COMMUNITY TELEVISION FOUNDATION OF SF. Telephone no (305) 949-8321 Located at 14901 NE 20th AVE, MIAMI, FLORIDA ZIP + 4 33181		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92		

Form 990 (1999)

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
59-0737868

Form 990 (1999)

Page 6

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 29.)

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a	Program Underwriting					1,273,265
b	Contract Production					12,795,144
c	Planned Giving					1,073,757
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					41,076
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property	900002	50,245			174,976
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a Statement # 6	513100	3,126,833			53,240
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		3,177,078			15,411,458
105	Total (add line 104, columns (B), (D), and (E))					18,588,536

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 30.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 & 97	CONTRIBUTES TO EXEMPT PURPOSE OF THE ORGANIZATION THROUGH PRODUCTION AND TRANSMISSION OF PUBLIC BROADCASTING SERVICE PROGRAMS.
103B	REVENUES EARNED FOR LEASING REMOTE PRODUCTION TRUCKS, STUDIOS, FIBER OPTICS AND POST PRODUCTION FACILITIES.
103E	CO-OP/ADVERTISING GRANTS/PLACEMENTS, PROPERTY DONATIONS AND OTHER MISCELLANEOUS REVENUES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 30.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

return, including accompanying schedules and statements, and to the best of my knowledge and belief (other than officer) is based on all information of which preparer has any knowledge

5/11/01

Date

GEORGE DOOLEY, PRESIDENT & CEO

Type or print name and title.

**SCHEDULE A
(Form 990)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nons_exempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

1999

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.

Employer identification number

59 : 0737868

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SUSIE GHARIB/COMMUNITY TELEVISION FOUNDATION OF SOUTH FL INC.	NATIONAL NEWS CO-ANCHOR / 35HRS	220,667		
RODNEY WARD/COMMUNITY TELEVISION FOUNDATION OF SOUTH FL INC.	NATIONAL NEWS MANAGING EDITOR / 35HRS	140,198		
SCOTT GURVEY/COMMUNITY TELEVISION FOUNDATION OF SOUTH FL INC.	NATIONAL NEWS NY BUREAU CHIEF / 35HRS	116,488		
HOWARD GROSSMAN/COMMUNITY T.V. FOUNDATION OF SOUTH FL INC.	NATIONAL NEWS NY SENIOR ENG. OPERATOR/ 44HR	97,541		
DARREN GERSH/COMMUNITY TELEVISION FOUNDATION OF SOUTH FL INC.	NATIONAL NEWS WASH. DC. BUREAU CHIEF/35HR	93,041		
Total number of other employees paid over \$50,000 ▶	38			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PAUL KANGAS 2555 NE 202nd STREET N. MIAMI BEACH, FLORIDA 33180	STOCK MARKET ANALYST/ COMMENTATOR	253,851
FINANCIAL PLANNING INFORMATION, RIVER BEND OFFICE PARK 9 GALEN STREET WATERTOWN, MASSACHUSETTES 02172	TALENT/PROFESSIONAL ADVISORY FEES	291,816
THOMSON, MURARO, RAZOOK AND HART 1 SE 3 AVENUE # 1700 MIAMI, FLORIDA 33131	LEGAL COUNCIL	68,824
Total number of others receiving over \$50,000 for professional services ▶	NONE	

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
59-0737868

Schedule A (Form 990) 1999

Page **2**

Part III **Statements About Activities**

- | | | Yes | No |
|---|-------------|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | 1 | | ✓ |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: | | | |
| a Sale, exchange, or leasing of property? | 2a | | ✓ |
| b Lending of money or other extension of credit? | 2b | | ✓ |
| c Furnishing of goods, services, or facilities? Stmt 14 | 2c | ✓ | |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Stmt 14 | 2d | ✓ | |
| e Transfer of any part of its income or assets?
If the answer to any question is "Yes," attach a detailed statement explaining the transactions. | 2e | | ✓ |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? | 3 | | ✓ |
| 4a Do you have a section 403(b) annuity plan for your employees? | 4a | ✓ | |
| b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) | [Stmt 14] | | |

Part IV **Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions.)**

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
N/A	

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
59-0737868

Schedule A (Form 990) 1999

Page **3**

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	19,584,794	19,627,054	18,579,461	17,878,251	75,669,560
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	475,500	682,093	460,078	598,049	2,215,720
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,455,322	3,681,413	3,423,558	2,604,044	13,164,337
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	23,515,616	23,990,560	22,463,097	21,080,344	91,049,617
24 Line 23 minus line 17	23,040,116	23,308,467	22,003,019	20,482,295	88,833,897
25 Enter 1% of line 23	235,156	239,906	224,631	210,803	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶					26a 1,777,678
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. ▶					26b NONE
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 88,833,897
d Add: Amounts from column (e) for lines: 18 <u>13,164,337</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u> ▶					26d 13,164,337
e Public support (line 26c minus line 26d total) ▶					26e 75,669,560
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 85.18 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1998) _____ (1997) _____ (1996) _____ (1995) _____ b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1998) _____ (1997) _____ (1996) _____ (1995) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total _____ and line 27b total _____ ▶					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f					_____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instructions.)					

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
59-0737868

Schedule A (Form 990) 1999

Page 4

Part V Private School Questionnaire (See page 4 of the instructions.)
(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) N/A		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.		

Schedule A (Form 990) 1999

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
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Schedule A (Form 990) 1999

Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 6 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here ☐ a ☐ If the organization belongs to an affiliated group.
Check here ☐ b ☐ If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40. Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 7 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45	Lobbying nontaxable amount.				N/A
46	Lobbying ceiling amount (150% of line 45(e)).				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 8 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers.
b Paid staff or management (include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h).

Yes	No	Amount
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990) 1999

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
EIN # 59-0737868

Schedule A (Form 990) 1999

Page 6

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 8 of the instructions.)

- 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a. Transfers from the reporting organization to a noncharitable exempt organization of:**

☐ Cash

(ii) Other assets

- b Other transactions:**

- (i) Sales or exchanges of assets with a noncharitable exempt organization

- (ii) Purchases of assets from a noncharitable exempt organization

- (iii) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements

- (v) Loans or loan guarantees

- (vi) Performance of services or membership or fundraising solicitations

- c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

- 52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b. If "Yes," complete the following schedule:

[illegible]

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
FORM 990
EIN 59-0737868
YEAR ENDED 06/30/00

PAGE 1, PART I-

LINE 1(a) MEMBERSHIP 5,686,022

LINE 1(c) GOVERNMENT GRANTS :

1,531,731
44,323
572,000
558,318
2,706,372

LINE 6(a) GROSS RENT :

TOWER RENTAL 174,976
OVERHEAD RECOVERY 50,245
225,221

LINE 11, OTHER REVENUES :

FACILITIES SERVICES:

EDITING 26,276
REMOTE 2,456,481
FIBER OPTIC SALES 266,056
ELECTRONIC GRAPHICS 225
UPLINK 107,129
STUDIO 270,666

3,126,833

CO-OP PLACEMENTS

17,171

MISCELLANEOUS

9,189

MAGTAPE DUBBING

1,678

DISCOUNTS EARNED

151

PROPERTY DONATIONS

25,640

3,180,662

LINE 8(C) GAIN OR (LOSS) ON SALE OF ASSETS OTHER THAN INVENTORY :

PROFIT/(LOSS) ON DISPOSAL OF FIXED ASSETS (589)

**Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns**

OMB No. 1545-0148

► File a separate application for each return.

Please type or
print. File the
original and one
copy by the due
date for filing
your return. See
instructions on
back.Name **COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.**

Employer identification number

59 : 0737868

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

P.O. BOX 2

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

MIAMI, FLORIDA 33261-0002**Note:** Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.1 I request an extension of time until **MAY 15, 2001**, to file (check only one):

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GSD | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box. ☐2a For calendar year **1999**, or other tax year beginning **JULY 1, 1999**, and ending **JUNE 30, 2000**.b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period3 Has an extension of time to file been previously granted for this tax year? ☒ Yes ☐ No4 State in detail why you need the extension **ALL INFORMATION NECESSARY TO PREPARE AN ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME**

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature **GEORGE DOOLEY**Title **PRESIDENT & CEO**Date **2/7/01****FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.****Notice to Applicant—To Be Completed by the IRS**

- ☐ We HAVE approved your application. Please attach this form to your return.
- ☐ We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- ☐ We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other: _____

Director

By: _____

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please
Type
or
Print

Name

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Form 2758
(Rev. June 1998)

Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.	Employer identification number 59 0737868
Number, street, and room or suite no. for P.O. box no. If mail is not delivered to street address: P.O. BOX 2	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIAMI, FLORIDA 33261-0002	

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

- 1 I request an extension of time until FEBRUARY 15, 2001 to file (check only one):
- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |
- If the organization does not have an office or place of business in the United States, check this box. ☐
- 2a For calendar year _____, or other tax year beginning JULY 1, 1999 and ending JUNE 30, 2000
- b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3 Has an extension of time to file been previously granted for this tax year? ☐ Yes ☒ No
- 4 State in detail why you need the extension. ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME.

- 5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Taxable \$ _____
- c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature GEORGE TOOLEY Title PRESIDENT & CEO Date 11/7/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by the IRS

- ☐ We HAVE approved your application. Please attach this form to your return.
- ☐ We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- ☐ We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other: _____

EXTENSION APPROVED

NOV 22 2000

Director

By

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name	_____
Number, street, and room or suite no. for P.O. box no. If mail is not delivered to street address:	_____
City, town or post office, state, and ZIP code. For a foreign address, see instructions	_____

For Paperwork Reduction Act Notice, see back of form.

OMB No. 1545-0148

Form 2758 (Rev. 6-98)

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC
FORM 990
EIN 59-0737868
YEAR ENDED 06/30/00

PART 1, PAGE 1, LINE 1(b) - INDIRECT PUBLIC SUPPORT :

NONE IN FY'00

PART 1, PAGE 1, LINE 1(d) - TOTAL GIFTS, CONTRIBUTIONS, ETC. :

THERE WERE NO GIFTS OR CONTRIBUTIONS RECEIVED FROM
ANY ONE DONOR OTHER THAN GOVERNMENT GRANTS WHICH
EXCEEDED 2% OF LINE 1(D).

PART 1, PAGE 1, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

SFAS 124 ADJUSTMENT - UNREALIZED GAIN/(LOSSES) \$17,912

PART III, PAGE 2 (b) - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS :

THE ORGANIZATION RECEIVED DONATED PROFESSIONAL SERVICES
IN FY'00 VALUED AT \$507,177

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
FORM 990
EIN 59-0737868
YEAR ENDED 06/30/00

PART II, PAGE 2, LINE 42
PART IV, PAGE 3, LINE 57

	METHOD	LIFE	COST	FY'99 ACCUM. DEPR.	DELETION	DEPRECIATION EXPENSE	FY'00 ACCUM. DEPR.
LAND			1,205,805	0	0	0	0
BUILDINGS	SL	20-40	2,416,023	1,007,240	0	64,595	1,071,835
BLDG. IMPROVEMENTS	SL	15	2,287,958	1,047,497	0	103,764	1,151,261
LEASEHOLD IMPROVEMENTS	SL	5	269,858	107,015	0	53,125	160,140
FURNITURE & OFFICE EQPT.	SL	7	8,041,601	3,908,074	(6,258)	527,292	4,429,108
PRODUCTION EQUIPMENT	SL	7	5,380,145	3,573,623	(34,784)	378,063	3,916,902
ENGINEERING EQUIPMENT	SL	7	17,360,271	13,965,891	(114,988)	847,310	14,698,213
TRANSMITTER	SL	15	1,739,647	497,496	0	2,834	500,330
TOWER & ANTENNA	SL	30	2,777,808	1,861,862	0	61,724	1,923,586
			39,479,116	25,968,698	(156,030)	2,038,707	27,851,375

STATEMENT 3

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.

FORM 990

EIN 59-0737868

YEAR ENDED 06/30/0

PART II, PAGE 2, LINE 43

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
RECRUITMENT	34,627	20,430	6,309	7,888
UTILITIES	250,547	250,547		
INSURANCE	302,363	173,941	38,973	89,449
MAGNETIC TAPE	92,310	86,991		5,319
COMMISSIONS	254,131	1,000		253,131
PROG. RIGHTS AMORTIZATION	2,129,071	2,129,071		
NETWORK AFFILIATION	274,888	274,888		
PROGRAM PROMOTION/DEVELOPMENT	1,769,842	1,769,842		-
CONSULTING FEES	48,642	-	48,642	-
OFFICE SPACE RENTAL	210,066	210,066		
NEWSLETTER/PROGRAM GUIDE	101,417	101,417		
DIRECT MAIL COMPREHENSIVE	379,896	32,671		347,225
PREMIUMS	467,839	24,795		443,044
PROGRAM RELATED PRODUCTS	423,077	356,375		66,702
DUES & REGISTRATION	79,572	22,089	45,169	12,314
VOLUNTEER AMENITIES	3,325		3,325	
MISCELLANEOUS	19,601	18,270	416	915
SECURITY SERVICES	210	210		
TAXES, FEES & LICENSES	6,780		1,880	4,900
TALENT/COMMENTATOR FEES	275,345	275,345		
BUREAU FEES/NEWSGATHERING	439,111	439,111		
PRODUCTION SERVICES	488,338	239,128	1,100	248,110
LOCAL PRODUCTIONS	6,174	6,174		
RELOCATION	307			307
IN-SERVICE TRAINING/SEMINARS	8,241	5,390	2,851	
TEMPORARY LABOR	19,125	9,780	7,505	1,840
BLDGS/GRNDS - MAINT. & REPAIR	71,499	71,499		
SATELLITE & WIRE SERVICES	856,277	856,277		
DATA SERVICE TRADE - BRIDGE	300,000	300,000		
AUDIENCE RESEARCH/SURVEYS	89,672	89,672		-
FREELANCE PRODUCTION CREW	1,215,261	103,304		1,111,957
SPECIAL EVENTS	37,000			37,000
DP SERVICES/COMPUTER MAINT.	160,705	52,704	64,178	43,823
MERCHANT CREDIT CARD DISCOUNTS	80,066		80,066	
BAD DEBTS	27,888		27,888	
TOTAL	10,923,213	7,920,987	328,302	2,673,924

STATEMENT 4

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.

FORM 990

EIN 59-0737868

YEAR ENDED 06/30/0

PART IV, PAGE 3	FY'99	FY'00
LINE 51A, OTHER NOTES & LOANS RECEIVABLE		
PREMIUM RECEIVABLE	185,092	236,202
LINE 54, INVESTMENTS :		
MID CAPS STANDARD & POORS DEPOSITORY RECEIPT		72,331
STANDARD & POORS DEPOSITORY RECEIPTS		135,112
U.S. TREASURY SECURITIES MATURING ON		
AUG. 15, 2002 BEARING INTEREST @ 5.7%	375,875	198,704
	<u>375,875</u>	<u>406,147</u>
LINE 62, DEFERRED SUPPORT & UNEXPENDED GRANT FUNDS :		
UNEXPENDED GRANT FUNDS FOR PROGRAM PROMOTION	997,849	428,295
	<u>997,849</u>	<u>428,295</u>
LINE 64, MORTGAGES & OTHER NOTES PAYABLE :		
BUILDING MORTGAGE	650,000	598,000
LAND MORTGAGE	300,000	200,000
DIGITAL EQUIPMENT	0	1,000,000
LINE OF CREDIT	350,000	0
	<u>1,300,000</u>	<u>1,798,000</u>

YEAR ENDED 06/30/00

PART VII, PAGE 6. LINE 103 :

3,126,833

STATEMENT 6

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
FORM 990
EIN 59-0737868
YEAR ENDED 06/30/00

PAGE 4, PART V

LIST OF OFFICERS, DIRECTORS & TRUSTEES

(A)	NAME AND ADDRESS (B)	TITLE AND AVERAGE HOURS PER WEEK	(C) COMPENSATION	(D) DEFERRED COMPENSATION
	GEORGE DOOLEY	PRESIDENT - 75%	54,720	324,647
	DIANE ARLOTTA	VP FOR ADMINISTRATIVE SERVICES - 100%	95,854	-0-
	SHIRLEY CARROLL	VP FOR FINANCE/TREASURER - 100%	108,501	-0-
	JAMES FASILIS	VP FOR MARKETING - NBRE 100%	145,149	-0-
	JACK GIBSON	SR VP FOR PROG. & PRODUCTION - 100%	133,145	-0-
	DAVID MULLINS	VP FOR MARKETING - 100%	93,123	-0-
	LINDA O'BRYON	SR VP FOR NBR ENTERPRISES - 100%	183,846	-0-
	GRAHAM SIMMONS	SR VP FOR ENGINEERING - 100%	113,049	-0-
	DOLORES WILSON	VP FOR COMTEL - 100%	111,611	-0-

BUSINESS ADDRESS FOR THE ABOVE INDIVIDUALS :
14901 NE 20TH AVENUE
MIAMI, FLORIDA 33181

THESE INDIVIDUALS HAVE NO EXPENSE ACCOUNTS.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ARE DETERMINED ACTUARIALLY
BASED ON THE EMPLOYEE'S AGE AND YEARS OF SERVICE.

STATEMENT 7

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
FORM 990
EIN 59-0737868
YEAR ENDED 06/30/00

PAGE 4, PART V, LINE 75, AGGREGATE COMPENSATION OF MORE THAN \$100,000

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER YEAR</u>	<u>COMPENSATION</u>	<u>DEFERRED COMPENSATION</u>	<u>EXPENSE ACCOUNT & OTHER ALLOWANCES</u>
GEORGE DOOLEY 14901 NE 20TH AVENUE MIAMI, FLORIDA 33181				
COMTEL, INC.	PRESIDENT/DIRECTOR - 15%	115,439	0	0
WPBT COMMUNICATIONS FOUNDATION, INC.	PRESIDENT/DIRECTOR - 10%	30,000	0	0

STATEMENT 8



WPBT BOARD MEMBERS 2000 - BUSINESS ADDRESSES

Herbert A. Tobin
President & CEO
The Ben Tobin Companies
1101 Hillcrest Drive
Hollywood FL 33021

Chairman of the Board

Fred Berens
Senior Vice President
Prudential Securities, Inc.
First Union Financial Center
200 South Biscayne Boulevard, Suite 3200
Miami FL 33131

Vice Chairman

Audrey Ross (Mrs.)
Leading Estates of the World EWM
4689 Ponce de Leon Blvd.
Coral Gables FL 33146

Vice Chairman

Richard L. Schmidt
Chairman & CEO
Schmidt Companies
399 N.W. Boca Raton Blvd.
Boca Raton FL 33432

Vice Chairman

Herbert G. Yardley
President
Massey-Yardley
Chrysler/Plymouth/Jeep
777 North State Road 7
Plantation FL 33317

Vice Chairman

Ned Allen
4312 Down Point Lane
Windermere, FL 34786

Immediate Past Chairman

Jorge A. Arguelles
Corporate Vice President
PaineWebber Incorporated
Latin American Division
550 Biltmore Way
Coral Gables FL 33134-5720

Robert G. Baal
President & CEO
Baptist Health Systems Foundation
8900 North Kendall Drive
Miami FL 33176-2179

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
EIN # 59-0737868
FORM 990



W P B T

George E. Batchelor
President & CEO
Aerospace Finance, Ltd.
P.O. Box 523223
Miami FL

Jeanne Bellamy (Miss)
2718 Segovia Street
Coral Gables FL 33134

Oscar Bustillo, Jr.
4627 University Drive
Coral Gables FL 33146

James Carr
President & CEO
Westbrooke Communities, Inc.
9359 Sunset Drive Suite 100
Miami FL 33173

William F. Cooper
President
Adventure Travels of Pompano Beach
& Boca Raton
2451 E. Atlantic Boulevard
Pompano Beach FL 33062

Nancy Jean Davis (Ms.)
Chairman of the Board
McArthur Management Company
80 Southwest 8 Street #2110
Miami FL 33130

George Dooley
President and CEO
WPBT2
14901 Northeast Sesame Street
North Miami FL 33181

Joseph J. Echevarria, Jr.
Partner-in-Charge
Business Advisory & Assurance Services
Deloitte & Touche LLP
200 South Biscayne Blvd, 4th Floor
Miami FL 33131

George T. Elmore
President
Hardrives of Delray, Inc.
2350 S. Congress Avenue
Delray Beach FL 33445

Catherine H. Fahringer (Mrs.)
547 Giralda Avenue
Coral Gables FL 33134

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.

EIN # 59-0737868

FORM 990



W P B T

David B. Fleeman
Partner
Fleeman Builders
420 Lincoln Road, Suite 435
Miami FL 33139

William L. Ford, Jr.
President
Ford Communications, Inc.
17675 Foxborough Lane
Boca Raton FL 33496

Theodore K. Friedt
President
Friedt Family Foundation
4456 El Mar Drive
Lauderdale By The Sea FL 33308

Patricia Frost (Mrs.)
125 East San Marino Drive
Miami Beach FL 33139

Charlynn Goins (Mrs.)
30 Beekman Place
New York NY 10022

Edwin A. Huston
4 Isla Bahia Drive
Fort Lauderdale FL 33316

Robert K. Jordan
President
Robert K. Jordan, P.A.
10480 Southwest 122 Street
Miami FL 33176

S. Lawrence Kahn III
President & CEO
Lowell Homes, Inc.
1451 South Miami Avenue
Miami FL 33130

William F. Koch, Jr.
Chairman
William F. Koch, Jr., Inc.
900 E. Atlantic Ave.
Delray Beach FL 33444

Roland J. Kohen, M.D.
16 Island Avenue, # 5-B
Miami Beach FL 33139

Anthony C. Krayner, III
Chairman of the Board
Omega Systems, Inc.
340 West Tropical Way
Plantation FL 33317

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.
EIN # 59-0737868
FORM 990



Thomas G. Kuntz
Chairman, President & CEO
SunTrust Bank, South Florida N.A.
501 East Las Olas Boulevard, 7th Floor Tower
Fort Lauderdale, FL 33301

Peter Matwiczuk (elected 6-29-00)
Partner
Holland & Knight, LLP
625 North Flagler Drive - Suite 7000
West Palm Beach FL 33401

Cristina L. Mendoza (Mrs.)
1010 Cotorro Avenue
Coral Gables FL 33145

William L. Morrison
Chairman, CEO and Director
Northern Trust Bank of Florida, N.A.
700 Brickell Avenue
Miami FL 33131

Van Myers
2530 Columbus Boulevard
Coral Gables FL 33134

Richard R. Newhauser
One Arvida Parkway
Coral Gables FL 33156

Emanuel Papper, M.D.
1 Grove Isle Drive
#1501
Miami FL 33133

David Rich
President
Florida Carpet Corporation
12349 SW 53 Street
Cooper City FL 33330

Marjorie Serralles-Russell (Mrs.)
14275 Nolen Lane
Charlotte NC 28277

Bailey B. Sory III
251 Royal Palm Way, Suite 303P
Palm Beach FL 33480

Donald J. Spieker
2900 Northeast 14 Street Causeway - #815
Pompano Beach FL 33062

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.

FORM 990

EIN 59-0737868

YEAR ENDED 6/30/00

SCHEDULE A, PAGE 2, PART III

2C. CTF FURNISHES SERVICES FOR WHICH IT IS FAIRLY COMPENSATED TO A FOR PROFIT SUBSIDIARY OF AN AFFILIATED NON-PROFIT FOUNDATION.

2D. KEVIN DOOLEY, ADULT SON OF GEORGE DOOLEY PRESIDENT OF WPBT, IS EMPLOYED AS A SUPERVISOR, PRODUCTION SERVICES. HE IS RESPONSIBLE FOR GUIDING AND ASSESSING THE WORK OF STAFF DIRECTORS AND STUDIO FLOOR CREW; SCHEDULING EVERYDAY WORK ASSIGNMENTS AND HELPS MANAGE THEIR CAREER GROWTH. KEVIN DOOLEY ALSO ACTS AS PRIMARY DIRECTOR OF NBR. THE POSITION REQUIRES FOUR YEARS' EXPERIENCE IN TELEVISION PRODUCTION, EXPERIENCE IN LIVE/TAPED STUDIO OPERATIONS AND REMOTE PRODUCTIONS AS WELL AS PRODUCTION CREW SCHEDULING AND SUPERVISION. THE ANNUAL SALARY OF \$52,400 IS COMPETITIVE WITH COMPARABLE POSITIONS IN THE MARKET.

4B. COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC. WAS ORGANIZED FOR THE PRODUCTION AND TRANSMISSION OF PUBLIC BROADCASTING PROGRAMS; ITS EXPENSES ARE MADE ONLY IN THIS ENDEAVOUR.

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC. OPERATES TELEVISION STATION WPBT CHANNEL 2 TELEVISION TO THE TEN-COUNTY SOUTH FLORIDA AREA. CTF IS A NON-COMMERCIAL TELEVISION STATION AND IS AFFILIATED WITH THE PUBLIC BROADCASTING SERVICE. WPBT COMMUNICATIONS FOUNDATION, INC. WAS ORGANIZED TO SUPPORT COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC., A SECTION 501(C)(3) ORGANIZATION.

WPBT COMMUNICATIONS FOUNDATION, INC. HAS A WHOLLY-OWNED SUBSIDIARY, COMTEL, INC. WHICH WAS FOUNDED IN DECEMBER, 1981 AFTER CONGRESS PASSED LEGISLATION THAT ENCOURAGED PUBLIC TELEVISION STATIONS TO CREATE FOR-PROFIT CORPORATIONS TO FILL THE VOID CAUSED BY DECREASING GOVERNMENT SUPPORT FOR PUBLIC TELEVISION. THIS ENABLED CHANNEL 2 TO ENGAGE IN A TRADE OR BUSINESS RELATED TO ITS TAX-EXEMPT PURPOSE. COMTEL HAS BEEN VERY SUCCESSFUL IN SUSTAINING A LARGE PORTION OF THE TELEVISION STATION'S FIXED EXPENSES BY LEASING THE REMOTE TRUCKS, STUDIO AND POST-PRODUCTION SERVICES FROM COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC. AND ACTING AS AN INDEPENDENT FACILITY WITH ITS COMMERCIAL CLIENTELE. THE AFTER-TAX PROFITS OF COMTEL, INC. ARE FOR THE BENEFIT OF WPBT.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

1999This Form is Open
to Public Inspection**A** For the 1999 calendar year, OR tax year period beginning **JUL 1, 1999** and ending **JUN 30, 2000****B** Check if:☐ Change of address☐ Initial return☐ Final return☐ Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**OREGON PUBLIC BROADCASTING**

Number and street (or P.O. box if mail is not delivered to street address)

7140 S.W. MACADAM AVENUE

Room/suite

City or town, state or country, and ZIP+4

PORTLAND, OR 97219**D** Employer identification number**93-0814638****E** Telephone number**(503) 244-9900****F** Check ☐ if exemption application is pending**G** Type of organization ☒ Exempt under 501(c) (3) (insert number) OR ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates for which this return is filed

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) **▶****J** Accounting method: ☐ Cash ☒ Accrual(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No☐ Other (specify) **▶****K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	13,537,612.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	3,381,807.		
	d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 16,549,824. noncash \$ 369,595.)	STMT 2	1d	16,919,419.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	5,043,035.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	255,069.		
	5	Dividends and interest from securities	5	39,728.		
	6a	Gross rents	SEE STATEMENT 3	6a	275,277.	
6b	Less: rental expenses	SEE STATEMENT 4	6b	222,013.		
6c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	53,264.		
7	Other investment income (describe ▶)	SEE STATEMENT 1	7	<58,951.>		
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	391,915.	8a	6,990.
	b	Less: cost or other basis and sales expenses	369,595.	8b	6,625.	
	c	Gain or (loss) (attach schedule)	22,320.	8c	365.	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 5	STMT 6	8d	22,685.
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	22,274,249.			
Net Assets	13	Program services (from line 44, column (B))	13	14,388,353.		
	14	Management and general (from line 44, column (D))	14	2,766,993.		
	15	Fundraising (from line 44, column (D))	15	4,619,158.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 13 and 14, column (A))	17	21,774,504.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	499,745.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	22,260,508.		
	20	Other changes in net assets or fund balances (attach explanation)	20	0.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	22,760,253.		

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 990 (1999)

11380502 099926 ORE-0315

1999.08200 OREGON PUBLIC BROADCASTING ORE-0311

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ noncash \$	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	256,288.	0.	256,288.
26	Other salaries and wages	26	6,831,421.	4,789,461.	964,326.
27	Pension plan contributions	27	581,578.	395,649.	98,340.
28	Other employee benefits	28	600,032.	423,332.	84,522.
29	Payroll taxes	29	637,894.	431,052.	109,855.
30	Professional fundraising fees	30	426,016.		426,016.
31	Accounting fees	31	38,300.		38,300.
32	Legal fees	32	39,062.	2,575.	32,096.
33	Supplies	33	2,794,810.	2,176,570.	35,394.
34	Telephone	34	234,700.	134,893.	64,427.
35	Postage and shipping	35	271,809.	202,465.	19,222.
36	Occupancy	36	304,299.	291,427.	9,057.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	475,917.	369,464.	9,821.
39	Travel	39	773,877.	631,282.	63,325.
40	Conferences, conventions, and meetings	40	104,515.	63,889.	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	1,499,082.	1,060,142.	338,255.
43	Other expenses (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 7	43e	5,904,904.	3,416,152.	643,765.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	21,774,504.	14,388,353.	2,766,993.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☒**PROVIDING A PUBLIC BROADCASTING SERVICE**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)**a PUBLIC BROADCASTING SERVICE****PROGRAMMING FOR THE OREGON PUBLIC BROADCASTING SYSTEM**

(Grants and allocations \$) 14,105,825.

b PUBLIC BROADCASTING PUBLICATIONS**PROGRAM GUIDES FOR THE OREGON PUBLIC BROADCASTING SYSTEM**

(Grants and allocations \$) 282,528.

c

(Grants and allocations \$)

d

(Grants and allocations \$)

e Other program services (attach schedule)

(Grants and allocations \$)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

14,388,353.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	706,609.	46 708,020.
	47 a Accounts receivable	47a 3,916,580.	
	b Less: allowance for doubtful accounts	47b	47c 3,916,580.
	48 a Pledges receivable	48a 1,496,529.	
	b Less: allowance for doubtful accounts	48b	48c 1,496,529.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	86,955.	53 62,447.
	54 Investments - securities	STMT 8 STMT 9 7,319,086.	54 5,238,042.
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other	SEE STATEMENT 10 1,357,631.	56 3,134,927.	
57 a Land, buildings, and equipment: basis	57a 27,969,722.		
b Less: accumulated depreciation	STMT 11 57b 17,620,048.	57c 10,349,674.	
58 Other assets (describe ► CONSTRUCTION IN PROGRESS)		58 634,293.	
59 Total assets (add lines 45 through 58) (must equal line 74)	24,606,526.	59 25,540,512.	
Liabilities	60 Accounts payable and accrued expenses	1,675,290.	60 1,387,594.
	61 Grants payable		61
	62 Deferred revenue	464,088.	62 965,228.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ► SEE STATEMENT 12)	206,640.	65 427,437.
66 Total liabilities (add lines 60 through 65)	2,346,018.	66 2,780,259.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	12,126,238.	67 12,881,854.
	68 Temporarily restricted	9,814,881.	68 9,371,584.
	69 Permanently restricted	319,389.	69 506,815.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	22,260,508.	73 22,760,253.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	24,606,526.	74 25,540,512.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organization or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement;	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	242,567.	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax in 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed OREGON			
b	Number of employees employed in the pay period that includes March 12, 1999	90b		184

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
(a) PUBLIC BROADCASTING REV			15		5,043,035.
(b)					
(c)					
(d)					
(e)					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	255,069.	
96 Dividends and interest from securities			14	39,728.	
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property			16	53,264.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	<58,951.>	
100 Gain or (loss) from sales of assets other than inventory			18	22,685.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		311,795.	5,043,035.
105 TOTAL (add line 104, columns (B), (D), and (E))					5,354,830.

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	INCOME FROM PROVIDING TELEVISION AND RADIO PUBLIC BROADCASTING ASSISTANCE TO OTHER PUBLIC BROADCASTING STATIONS, SCHOOLS, AND VARIOUS GOVERNMENTAL AGENCIES.

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 86 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and on all information of which preparer has any knowledge. (Important: See General Instruction U.)

5/11/01
DateBRIAN SICKORA
Executive Vice President
Type or print name and title

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

1999

Name of the organization

OREGON PUBLIC BROADCASTING

Employer identification number

93-0814638**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DANIEL METZIGA 3473 SW BARBER BLVD, PORTLAND, OR.	VP- DEVELOP 40	93,720.	13,572.	0.
JOHN LINDSAY 22 DUFFIELD PLACE, PRINCETON, NJ	VP- TV PROD 40	136,500.	17,850.	0.
DEBORAH MONEY 16527 SE 108TH, TIGARD, OR.	EXEC VP 40	104,755.	14,326.	0.
TOM DODGETT 8175 STROWBRIDGE CT., BEAVERTON, OR.	VP- TV PROG 40	80,784.	12,278.	0.
DAVID DAVIS 17940 ROYCE WAY, LAKE OSWEGO, OR	EXEC. PRODUCER 40	85,956.	12,796.	0.
Total number of other employees paid over \$50,000 ▶	38			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DITMANSON HOCHBERG 5451 E MERCER WAY, MERCER ISLAND, WA	PRODUCTION SERVICES	97,838.
JACK MCDONALD 2 WARE ST. #108, CAMBRIDGE, MA	PRODUCTION SERVICES	65,235.
RICK DERBY DBA SHIPROCK PRODUCTIONS 107 W. 75TH APT. 3-B, NEW YORK, NY	PRODUCTION SERVICES	52,987.
Total number of others receiving over \$50,000 for professional services ▶	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

Yes	No
-----	----

- Part IV Reason for Non-Private Foundation Status**
- (See instructions)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

(a) Name(s) of supported organization(s)	(b) Line number from above

- Schedule A (Form 990) 1999

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	15,467,462.	15,280,570.	15,280,760.	14,495,547.	60,524,339.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	5,634,814.	4,119,885.	6,088,343.	2,156,941.	17,999,983.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	445,244.	432,159.	384,184.	325,488.	1,587,075.
19 Net income from unrelated business activities not included in line 18	0.	0.	37,555.	39,933.	77,488.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	21,547,520.	19,832,614.	21,790,842.	17,017,909.	80,188,885.
24 Line 23 minus line 17	15,912,706.	15,712,729.	15,702,499.	14,860,968.	62,188,902.
25 Enter 1% of line 23	215,475.	198,326.	217,908.	170,179.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,243,778.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 62,188,902.
d Add: Amounts from column (e) for lines: 18 1,587,075. 19 77,488.					26d 1,664,563.
e Public support (line 26c minus line 26d total)					26e 60,524,339.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.3234%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N/A					
(1998) (1997) (1996) (1995)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A					
(1998) (1997) (1996) (1995)					
c Add: Amounts from column (e) for lines: 15 16					
17 20 21					
d Add: Line 27a total and line 27b total					27c N/A
e Public support (line 27c, total minus line 27d total)					27d N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27e N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					NONE

Part V**Private School Questionnaire**

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990) 1999

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here ☐ a If the organization belongs to an affiliated group.Check here ☐ b If you checked "a" above and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED CAPITAL LOSSES		<49,487.>	
REALIZED CAPITAL LOSSES		<9,464.>	
TOTAL TO FORM 990, PART I, LINE 7		<58,951.>	

FORM 990	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 1D	STATEMENT	2
*** NOT OPEN TO PUBLIC INSPECTION ***			

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	AMOUNT
		1,644,620.
		1,675,255.
OTHER CONTRIBUTIONS NOT DISCLOSED PER SECTION 509(A)(1)/170(B)(1)(A)(VI)		

990

1999.08200 OREGON PUBLIC BROADCASTING ORE-0311

FORM 990	RENTAL INCOME	STATEMENT	3
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITIES	1	275,277.
TOTAL TO FORM 990, PART I, LINE 6A		275,277.

FORM 990	RENTAL EXPENSES	STATEMENT	4
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT RENTAL EXPENSES		222,013.	
- SUBTOTAL -	1		222,013.
TOTAL TO FORM 990, PART I, LINE 6B			222,013.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	5
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS DONATED SECURITIES	391,915.	369,595.	0.	22,320.
TO FORM 990, PART I, LINE 8	391,915.	369,595.	0.	22,320.